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U.S.S.R.SCIENTIFIC/POLITICALMedicine and Health in the Soviet Union.I. The Health Service and the Doctor.

1. Soviet organisation in the health field is, as in all totalitarian states, highly centralised. Independent local action is impossible and all measures of any significance concerning either personnel or material depend upon the approval of Moscow. Several control systems exist side by side which, according to the political centre of gravity, either diverge at the centre or at the periphery.
2. Until the end of 1955, at least, the requirements of the State Security service had priority over those of the organisations in the civilian sector. Doctors and personnel for the enormous prison population were a first call on the resources of the country, and the same applied to the provision of medical supplies and equipment. Doctors working for this organisation receive their professional instructions from the Ministry of Health but supervision by the political officials is far more stringent and doctors receive separate instructions from them. These relate particularly to the labour production of the prisoners and it seems in practice that the medical-professional measures go by the board because of demands by the State Security service which run counter to medical requirements.
3. The medical staff is not only professionally but politically trained, and the period of service is 25 years. It is practically impossible to leave the service. Promotion and pay increases depend

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much less on ability and experience than on political reliability [redacted]
 which is assessed by the appropriate responsible officer of the
 State Security service. As a result doctors live under permanent
 pressure and often experience crises of conscience, for the
 exaggerated demands of the State Security service in relation to
 the labour production of prisoners cannot be squared with the
 professional conscience. Most of them are cold and inconsiderate
 in their judgement of capacity for work since they cannot afford
 to show the least sign of resistance to the demands of the security
 authorities.

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4. Officially they have a six-hour day, to which they adhere
 exactly. This has the effect that a patient in a hospital may,
 in the course of one day, be attended by four different doctors,
 one after the other. Theoretically the treatment of the case is
 the responsibility of the senior of the doctors dealing with it,
 and the other doctors should follow his directions. In practice
 this does not work out, either because the other doctors do not
 read the case history carefully or because they do not understand
 the disease or its course. X

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5. As salaries are very low doctors are forced to create for themselves a second source of income. The question must be left open whether the small salary leads to lack of interest or whether it is itself the result of the poor and uninteresting work. At any rate everyone tries in the remaining part of the day to earn something extra. As far as women doctors are concerned they devote their free time to their family and children, and their salary forms a supplement to the earnings of their husbands. If a doctor, male or female, is single he or she must create an additional source of income. [redacted] women doctors [redacted] worked as seamstresses in the second half of the day and male doctors [redacted] did book-keeping. Most, however, use dishonest means to supplement their incomes, and manifold opportunities exist. Doctors who work in prison camps try to cover their own requirements from the clothing and provisions delivered for the prisoners.

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6. Even the superiors take part in this system, which means that no-one will betray another. This goes down to the smallest, simplest everyday affairs such as the free use of the camp barber, of the baths, soap, medicines and instruments and includes clandestine deliveries of food from the kitchens. The prisoners who organise these deliveries take no offence since they for their part obtain advantages in treatment and diet from the doctors.

7. Alongside this combined Health and Security service there is a second system for the care of the civil population. Here also the doctors and personnel work a six-hour day and the conditions of pay are much the same as in the prison-camp system. The work is however easier, for the permanent control of the State security service is absent and doctors can work according to medical-professional requirements and live less under the pressure of other (political)

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influences. All work is done in clinics and no-one may practice privately - indeed they could not for they would have neither drugs nor instruments at their disposal. Visits to patients are done by the doctor who happens to be on duty at the time and, just as in the prison camp system, a patient may be treated by three or four different doctors who make different diagnoses and prescribe different drugs.

8. The third system is the military medical service which probably does not differ greatly from the health services of other armies.

Outwardly it is very difficult to distinguish which doctors belong to the first, second or third organisations described above for they are all uniformed and have ranks. Normally a young doctor becomes a lieutenant two years after he qualifies and then rises rapidly to senior lieutenant and captain (staff doctor). For further promotion to senior staff doctor (?major) he must wait a number of years.

9. So vast is the territory of the Soviet Union that railways and transport organisations have their own medical services with separate personnel and establishments. These are controlled by a separate department in the Ministry of Health.

10. In every state, province and county there is a high-ranking officer of health (Sanitätschef), usually, according to the importance of his tasks or his area, of the rank of Lieutenant-Colonel or Colonel, who must naturally have the confidence of the Party and who is responsible for all health questions in his area. His authority in relation to parallel authorities such as the Party, the Army, the Security Service and the Administration is not very great. He struggles continually to assert his position but only succeeds if he manages to stand well with the Party or Security authorities. He is of course invariably a Party member.

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11. The Soviet doctor who has finished his studies is not free to choose where he will work. Since all are trained and educated at the expense of the State the State takes the view that it has the right to dispose of his services for the rest of his career and to pay little attention to his desires. Naturally a widespread system of favouritism has developed which is tied to every form of material or spiritual bribery. This means that those who do not succeed in building up their contacts must expect to be posted to the furthest corners of the Asian Continent and to live out the best years of their lives in materially bad conditions and with the smallest possibilities of advancement.

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12. Most of these are as a result without interest, do the minimum amount of work and try, after they have put in their statutory six hours, to earn a secondary income during the remainder of the day. For their professional activities the pay is very low and they cannot live on it.* For this reason, and only this, two thirds of all doctors in the U.S.S.R. are females who, with few exceptions, treat their profession as of more or less secondary importance. Some of them are able to add their income to that of the husbands and to devote the rest of the time to their family and their children and some have another source of income. (In Russia the medical profession is generally regarded as a woman's profession - except, of course, in the great centres like Moscow and Leningrad).

13. These women are all incorporated, military fashion, in the aforementioned health organisations - the greater part being uniformed and having service ranks.

* No one in the U.S.S.R. can live on a salary of 800 - 1000 Roubles per month. For example, a suit costs about 2000 Roubles and an overcoat 1500 Roubles.

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14. The earning of secondary incomes is, of course, not susceptible to control, but a doctor is lucky when, (usually through bribery) he stands well with his seniors and can fill two or even three posts at the same time. * (i) The central administration in Moscow is naturally powerless against these practices, either through sheer ignorance of what goes on or because those responsible for control, if they are even interested at all, paint a favourable picture in their reports.

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15. There is another aspect of medical practise in the U.S.S.R. which deserves mention: With the exception of a few who have found a personal interest or sense of vocation in the medical profession, doctors take no interest in their profession or in the continuation of their scientific studies. On the contrary, the less responsibility taken, the less criticism and the easier the life. Those few who rise above the lowest professional level naturally have financial opportunities since the average patient, who feels that his doctor is taking no interest in him, is obliged in cases of severe illness to turn to a doctor who understands more and in whom he can have confidence. Such doctors are paid, often highly paid; and as both patient and doctor are guilty of an offence both keep their mouths shut. * (ii)

16. Often these illegal consultants are members of the staffs of hospitals, and the medicines and the medical material which they give to their "private" patients come from the stores intended for the hospital patients. This practice is uncontrollable and only exists

* (i) [redacted] one doctor who ran a travelling clinic, was a ward doctor (Stationsarzt) [redacted] and filled the (very enviable) post of Health Inspector for all food supplies in his area. Statutorily he would have had to work six hours per day on all these three jobs. Since this was out of the question he put in only two or three hours at each and his chief kept quiet. Since his various salaries came out of different funds there was no check.

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* (ii) Payment is not necessarily in money but often in food, clothing, etc.

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because the doctor is driven to it by his own urgent material need. *

* Another practice [REDACTED] was the irregular use of the services of specialists, particularly "stupid Europeans" (i.e. foreign doctors in the labour camps). [REDACTED] increasing numbers of free patients (not prisoners) came [REDACTED] for an examination arranged by a senior officer. This officer often came himself to arrange for a thorough examination of, and a medical opinion on some acquaintance. [REDACTED]

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[REDACTED] the officer who arranged these consultations was receiving a couple of bottles of vodka for each consultation arranged.

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[REDACTED]

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